U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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E	JIL 20205
	2MS 118012

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //GG	2. Fiscal Year Covered From:			
	01 / 01 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Hal W Wasden	Name National Postal Mail Handles Union-Local 332			
	Labor Organization File Number 3/035/			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2715 Snow Mountary Prive	Street 2261 South Rodwood Road, #6			
City Sandy	city Salt Lake City,			
State Utah ZIP Code + 4 84093 - 1947	State Utah ZIP Code + 4 84119-1330			
5. Position in labor organization. Steward & Health	Benefit Representative			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests				
except as specified in the exclusion	use or filmor clinic directly of indirectly had any of the following interests usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
1.o. box, bag., recent to., it any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the			
submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the			
submitted in this report (including the information contained in any accompany	ying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Hal W Wasdry		File Number <b>U-</b>			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).  Name First Health  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3200 High land Avenue  City Downers Grove  State TL ZIP Code +4 60515	9. Business deals with:  a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  First Health is the Administrator of the Mail Handlers Benefit Plan				
Street  City  State ZIP Code + 4	11.b. Approximate dollar value of such dealing. Unknown.  12.a. Nature of interest held or income received.  Business Dinner with Health Plan representative - Self and spouse attended				
	12.b. Amount.	Unknown			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	14.a. Nature of payment.				
13.b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.				